

Please submit completed form(s) to:

Mail or in person: Office of the City Clerk

200 S. Anaheim Blvd. Ste. 217, Anaheim, CA 92805; or

Email: tbass@anaheim.net; or Fax: (714) 765-4105

LOBBYIST'S QUARTERLY REPORT OF ACTIVITY

ON					
		NAME OF L	OBBYING FIRM (if applicable)
		GREY	COMM, LL	С	
			BUSINESS PHON	E (XXX) XXX	-XXXX
			(714) 330-	0321	
	CITY			STATE	ZIP CODE
y D-4 334	Ladera F	Ranch		CA	92694
ES					
	V				
	•	closure	Campai	gn Contrik	oution Report
lobbying by the lobbyist of the Ciregional agency in a voting role du	ne lobbying f ty of Anahein n which Anal uring this rep	firm/ m or any neim has porting	made duri the Ma Men	ng the rep yor or any ober by th	orting period to City Council e lobbying byist.
	Lobbying Activit Schedule C: R. lobbyist of the Ciregional agency in a voting role du	CITY Ladera F Lobbying Activity/Client Disc Report Schedule C: Report any for lobbying by the lobbying for lobbying a voting role during this report.	Q3: Due Octo Q4: Due Janu ON NAME OF L GREYO CITY Ladera Ranch ES Lobbying Activity/Client Disclosure	Q3: Due October 31 (July 1 Q3: Due January 31 (October 30) NAME OF LOBBYING FIRM (GREYCOMM, LLBUSINESS PHON (714) 330-CITY Ty D-4 334 Ladera Ranch ES Lobbying Activity/Client Disclosure Report Schedule C: Report any form of lobbying by the lobbying firm/ lobbyist of the City of Anaheim or any regional agency in which Anaheim has a voting role during this reporting	Q3: Due October 31 (July 1 - September and 30) Q4: Due January 31 (October 1 - December 30) NAME OF LOBBYING FIRM (if applicable a

Verification

I certify that I have reviewed Ordinance No. 6417, made available on the City of Anaheim's website and reviewed all applicable lobbying provisions. I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF LOBBYIST	PRINT NAME OF LOBBYIST
Freven M. French	Steven Greyshock
NAME OF LOBBYING FIRM (if applicable)	DATE
GREYCOMM, LLC	10/25/2018



Firm) Name:	GREYCOMM,	LL	_C
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CLIENT DISCLOSURE - SCHEDULE C

	CLILITI DISCL				<u>ی</u>		
	TING PERIOD: il 30 (January 1 - March 31) v 31 (April 1 - June 30)			ue October 31 (July ue January 31 (Octo			
lote: Complete this form for each client in which five hundred dollars (\$500) or more was received in a calendar nonth. This form may be duplicated for additional entries.							
PART I — CLIENT INFORMATION Total Compensation Lobbyist Received from Client: \$ 1,500.00					1,500.00		
NAME OF CLIENT (Last, First, M.I.) BUSINESS NAME			IESS NAME		BUSINES	S PHO	ONE (XXX) XXX-XXXX
Kim, Bob 6509 Serrano			9 Serrano	LP (714) 658-6299			
BUSINESS ADDRESS			CITY	STATE ZIP CODE			ZIP CODE
1600 Dove St.			Newport E	Beach	CA		92669
PART II – CLIENT DISC	CLOSURE						
SECTION A. Describe the local period.	legislative or administrative acti	on(s) tł	nat the lobbying fi	rm/lobbyist supported	or oppose	ed du	uring the reporting
Land use approvals							
CECTION D. Disaless and forms		: . :	- / - - - - · · · - - - - - - - - - - - - -				
entry for each nev	of communication by the lobby w contact.	ing iirm	i/lobbyist during t	ne reporting period. O	se a separ	rate	
1. DATE OF CONTACT N	IAME & TITLE OF CITY OFFICIAL O	R STAF	F CONTACTED	NAME OF LOBBYIST			
7/11/18 Councilman Faessel		Steve Greyshock					
DESCRIBE PURPOSE OF MEETING:							
Update on project							
2. DATE OF CONTACT NAME & TITLE OF CITY OFFICIAL OR STAFF CONTACTED		F CONTACTED	NAME OF LOBBYIST				
DESCRIBE PURPOSE OF MEETING	SCRIBE PURPOSE OF MEETING:						
3. DATE OF CONTACT N	IAME & TITLE OF CITY OFFICIAL O	R STAF	F CONTACTED	NAME OF LOBBYIST			
DESCRIBE PURPOSE OF MEETING	G:						
4. DATE OF CONTACT N	IAME & TITLE OF CITY OFFICIAL O	R STAF	F CONTACTED	NAME OF LOBBYIST			
DESCRIBE PURPOSE OF MEETING	G:						
If more space is needed for	Part II, Section B. – Client Disclos	sure. ch	eck box and attac	h additional pages.			
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CHECK APPLICABLE REPORTING PERIOD:

Firm) Name:	GRE	YCOMM	, LLC	
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CAMPAIGN CONTRIBUTIONS – SCHEDULE D

		ART I – CAMPAIGN CONTRIBUTIONS						
close all		by the lobbying firm/lobbyist during the reporting part NAME OF CONTRIBUTION RECIPIENT	period. NAME OF LOBBYIST					
DAI	L AMOUNT	MANUE OF CONTRIBUTION REGIFTENT	NAME OF EODBITS!					